From: Petre, Lori

**Sent:** Thursday, May 24, 2007 9:27 AM

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Cc: Noor, Valerie

**Subject:** Health Plan Submission Form for Provider NPI Information

**Attachments:** Example Health Plan NPI Submision.doc

We are pleased to announce an additional alternative to our Health Plans and Program Contractors for the "sharing" of NPI information. In addition to those options already in place Submission of a copy of the Providers Enumeration statement, Submission of NPI documentation signed by an Authorized Signer for the provider, and the PAT, we will also accept direct Health Plan/Program Contractor submission of NPI information using the attached Form. Page 1 contains an example of expected content and emphasis that we expect one form per provider, and Page 2 is the actual form that may be completed and submitted. If you have any questions, suggestions, etc please let us know. Thanks!"

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Example Health Plan NPI Submis...

Please share this form and instructions with appropriate persons within your organizations. This information will also be distributed the NPI Consortium distribution list so our appoligies in advance for any multiple copies you may receive.